FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096562 (8)

CALHOUN CARPET OUTLET, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		r angermat, vid 1914) taller anner marie marie marie faren aren disen diren 1101 inde	
2353 FOXWORTH DRIVE		2353 FOXWORTH DRIVE			
PANAMA CITY FL 32405		PANAMA CITY FL 32405		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/07/1997	
2. Principal Pi	ace of Business	2a. Mailing Address	_ +·h	4. FEI Number	Applied For
21 211	N 15 25.	26 2/1 W 15	5 <u>1.h</u> .	59-3477206	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
City & State 23 PANA		City & State 28 PANAMA C	MY FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24 3240		29 32401 30	BAY	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent
	IGERTON, DONALD A		81 Name		
2353 FOXWORTH DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32405					
			83		
	5. Ma		84 City		85 Zip Code
				F	
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	orized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes	,	pp - mine m do rogicio
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		gistered Agent signature requ 13.	aired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/OFFICIALED TO OFFICE ITS A	Change Addition
NAME	EDGERTON, DONALD R		1.2 NAME		
STREET ADDRESS	2353 FOXWORTH DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 City-St-ZiP		
TITLE	D	DELETE	2.1 TITLE	77.1	Change Addition
NAME	LEHMAN, MARK		2.2 NAME		
STREET ADDRESS	2353 FOXWORTH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	EDGERTON, DONALD A		3.2 NAME		
STREET ADDRESS	2353 FOXWORTH DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ſ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		ľ	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver er trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or the corporation of t